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Draft country programme document**

Swaziland

Summary

The Executive Director presents the draft country programme document (CPD) for Swaziland for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $3,750,000 in regular resources, subject to the availability of funds, and $21,250,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2006-2010.

* E/ICEF/2005/10.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF website in October 2005, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2006.

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Basic data[1] *(2003 unless otherwise stated)*	
Child population (millions, under 18 years)	0.6
U5MR (per 1,000 live births) 2000	153
Underweight (% moderate and severe, 2000)	10
Maternal mortality ratio (per 100,000 live births, 1995)	230
Primary school attendance/enrolment (%, net male/female 2000, 2001/2002)	71/71, 76/77
Primary school children reaching grade 5 (%, 2000/2001)	74
Use of improved drinking water sources (%, 2002)	52
Adult HIV prevalence rate (%, end-2003)	38.8
Child work (%, children 5-14 years old)	8
GNI per capita (US$)	1 350
One-year-olds immunized against DPT3 (%)	95
One-year-olds immunized against measles (%)	94

[1] More comprehensive country data on children and women are available at www.unicef.org.

The situation of children and women

1. Over the last decade, the earlier impressive progress of Swaziland in human development has been reversed. The Government's Smart Programme for Enhanced Economic Development, launched in 2004, includes a call for action to address HIV/AIDS, economic stagnation, corruption, youth unemployment, the care and education of orphans and vulnerable children (OVCs), and the perilous position of national finances. Addressing these challenging issues will tax the capacities of Government, communities and families alike.

2. The ranking of Swaziland as a low middle-income country limits its access to concessional loans and assistance. The country has one of the world's highest Gini coefficients, at 0.61. Ten per cent of its 1.1 million population controls over 40 per cent of the wealth, while 69 per cent of its people live below the poverty line at $0.70 per day, up from 66 per cent in 1997, according to national statistics. Changes in global trade rules and in regional comparative advantages are hammering the country's economic prospects from without, while AIDS is undermining foundations of social capital from within. Illnesses undermine the productivity and competitiveness of the formal sector, while health and funeral costs consume family capital required for livelihood activities.

3. The economy has stagnated since the early 1990s, and since 2000 progress towards the Millennium Development Goals has been in reverse gear. Under-5 mortality has risen from 90 to 153 per 1,000 live births since 1999, while life expectancy has declined from 57 to 35 years in the last decade, as reported in national statistics. Approximately 40 per cent of children are stunted, and 12 per cent are undernourished, according to a 2002 food security assessment. Rural access to safe water, measured at 41 per cent in 2000, has seen little progress in coverage since the 1980s.

4. Drought has affected more than one third of the country since 2001, deepening poverty and vulnerability, and forcing the Government to declare an emergency in February 2004. The real emergency countrywide is rooted in the world's most severe HIV/AIDS epidemic. HIV prevalence among pregnant women grew steadily from 3.9 percent in 1992 to 42.6 percent in 2004. More than 200,000 people are living with HIV (2004), and over 4,000 infections occur annually in infants.

5. As AIDS decimates an entire generation in the 20-49 age group, extended family social safety nets are being stretched to the breaking point, and in some families only the vulnerable elderly and children are left alive. The number of orphaned children in the country has increased from an estimated 12,000 in 1999, according to the Joint United Nations Programme on HIV/AIDS (UNAIDS) to 69,000 in 2004, as reported by the Central Statistics Office, and many other vulnerable children are left to the care of elderly, rural relatives while parents seek urban employment. UNICEF community surveys consistently find one third or more of children in the category of OVCs. They are food-insecure, cut off from basic health services and sometimes from education and left with parents or relatives who are ill, abusive, or vulnerable themselves.

6. The impact of the epidemic has not yet peaked: among pregnant women aged 25-29, HIV prevalence in 2004 was 56 per cent, according to a sentinel survey. The results for children are ominous: expanding school dropout; deteriorating nutritional status; breakdown of non-formal family and community institutions; and signs of social breakdown in the form of violence, rape, abuse, and abandonment of infants. The most vulnerable have a greater risk of HIV infection. Imaginative and large-scale action to intervene and establish safety nets can stop such a destructive cycle, but it is a race against time.

Key results and lessons learned from previous cooperation, 2001-2005

7. The Government-UNICEF cooperation for 2001-2005 focused on HIV/AIDS to "break the silence" at all levels, to mitigate the impact of AIDS on children, to support prevention of mother-to-child transmission (PMTCT) of HIV, and to prevent new infections among young people. Key strategies included a human rights approach to programming and community capacity development. Programmes included community initiatives, national sectoral capacity-building to strengthen sectors' abilities to support communities, and national policy/advocacy and communication initiatives.

8. Silence was broken and strong political commitment emerged: The issues of OVCs, including their access to education, to health care, and to protection from exploitation and abuse, appear almost daily in newspapers, weekly on the agenda of the Cabinet, and consistently in public statements of the country's leaders. Swaziland submitted its first report to the Committee on the Rights of the Child in March 2005.

9. Education for All Community Grants helped to document large numbers of children out of school, widespread hunger in schoolchildren, and practical action to bring OVCs back to school. UNICEF-supported results for 7,000 children in 44 of the poorest communities influenced the evolution of a national programme that in 2004 ensured educational opportunities for more than 80,000 OVCs. Government

funding for OVC education grew from E2 million in 2002 to E47 million (about $6 million) in 2005. The Government is committed to beginning a universal primary education (UPE) initiative in 2006. UNICEF emergency funding was used to reintroduce school feeding programmes in 2003, now taken over by the World Food Programme (WFP) and other stakeholders, and to demonstrate school garden initiatives, now taken over by the Ministry of Agriculture and the Food and Agriculture Organization of the United Nations (FAO). A 2003-2004 emergency school water and sanitation initiative is being considered for sustained development.

10. An OVC Network of government and civil society partners grew from 30 members in 2001 to include over 100 by March 2005 and became the Child Protection Network. With partners expanding its activities, the Community Action for Child Rights programme, emphasizing community capacity-development on children's issues, rapidly grew from the originally targeted 55 communities to reach 120 out of the country's 360 chiefdoms. The community-centred model was incorporated into the national response and policies.

11. In 2001, community assessments involving young people uncovered widespread problems of sexual abuse of children. Empowerment and training of neighbourhood-based child protectors ("Shoulders to cry on") were piloted in 31 communities in 2002-2004, and the National Emergency Response Council on HIV and AIDS (NERCHA) is scaling up the initiative. Parliament passed a strengthened law on rape and abuse in 2004, and has more legal reform on the agenda in 2005. Police and prosecutors received training to strengthen law enforcement. The Ministry of Education established an abuse-reporting telephone hotline, improved the procedures for follow-up investigation and action, and developed a new manual to train teachers on protecting children from abuse. More than 2,000 children from 64 schools participated in drama competitions on themes of abuse. And 20,000 children from 732 churches in all 55 districts participated in children's choir competitions involving songs on HIV, AIDS and sexual abuse. The media have highlighted issues of sexual abuse.

12. The volunteer model of Neighbourhood Care Points (NCPs), where children get food, psychosocial support, and opportunities to learn and play, was identified in late 2002 for scaling up, with 345 sites established and about 30,000 children receiving support and services by end-2004. WFP and FAO have placed such care points at the centre of their strategies and programming for vulnerable children. NCPs as an advocacy strategy have helped make the most vulnerable children visible. Evolution of NCPs from emergency to sustained response will require that more attention be paid to pre-school OVCs, now that most school-age OVCs are returning to school.

13. UNICEF contributed to clinical and training guidelines for PMTCT of HIV and supported piloting of service delivery through rural clinics in 2003. PMTCT services supported by other partners reached major hospitals by end-2004. With UNICEF support, scaling-up is expected to reach all antenatal clinics by the first half of 2006. A community mobilization pilot focusing on male partners has been adapted for larger-scale implementation. PMTCT "plus" work is planning to link pregnant women who are HIV positive to rapidly expanding "3x5" initiatives to ensure treatment of opportunistic infections for women and their access to antiretroviral therapy. Around 7 per cent of those on antiretroviral therapy are

children. UNICEF is working with partners on how to identify and link other children who are HIV positive to services and treatments.

14. In HIV prevention for young people, UNICEF supported communication and life-skills education using an "empowerment for risk reduction" approach, this work being scaled up through expanded partnerships in 2005. Beyond behaviour change, underlying causes of the high rates of HIV transmission need to be addressed.

15. A community Integrated Management of Childhood Illnesses project in two regions helped to bring immunization coverage back above 90 per cent. Vitamin A supplementation was incorporated into routine immunization.

16. Additional "lessons learned" include the following:

(a) Sustainability of programme innovations requires strengthened monitoring and evaluation;

(b) Meeting HIV/AIDS challenges requires enhanced focus on "upstream" policy and national programme interventions to achieve rapid scaling-up of results for children. Solutions will require continuing "outside the box" thinking and innovation, including creative engagement in community initiatives;

(c) Effective communication in children's rights with traditional and faith-based communities requires emphasizing adult responsibilities. Story-telling methodologies and drama that draw on African traditions facilitate airing sensitive issues and building consensus for action. This approach also helps to widen participation to children with low or no literacy;

(d) Assigning HIV/AIDS accountabilities to all staff and programmes enhanced cross-sectoral work within the office and with partners;

(e) Joint programming success requires common purpose, a focused and thorough programme design and framework, and clear project leadership committed to efficiently using human resources and controlling transaction costs.

The country programme, 2006-2010

Summary budget table

(In thousands of United States dollars)

Programmes	*Regular resources*	*Other resources*	*Total*
Education and life skills	750	4 700	5 450
Child survival and development	750	4 700	5 450
Safety nets for child protection	1 125	6 825	7 950
Advocacy and communication for child rights	563	3 525	4 088
Cross-sectoral costs	562	1 500	2 062
Total	**3 750**	**21 250**	**25 000**

Preparation process

17. The preparation process began with a mid-term review (MTR) in 2004, involving the Government, the United Nations agencies, civil society and community partners as well as children. The Common Country Assessment (CCA) began around the same time, involving all resident agencies as well as the Government and non-governmental organizations (NGOs). A CCA validation workshop and a United Nations Development Assistance Framework (UNDAF) prioritization workshop in February 2005 had active government and civil society participation, and the UNDAF was drafted the same month.

18. Four thematic groups with government and civil society membership developed draft CPD matrices; these were presented for review to the 130 members of the National Child Protection Network. Inputs from children during the 2004 MTR and a subsequent Rapid Assessment, Analysis and Action Planning process on OVCs were also incorporated. The draft CPD was shared with United Nations partners for comments and with the Government for final review.

Goals, key results and strategies

19. The country programme's overall goal is to assist Swaziland in resuming progress on realizing the ideals of the Millennium Declaration and achieving the Millennium Development Goals relating to children.

20. Key expected results are a reverse in the rising trend of HIV infections and the realization of the rights of children, including those infected or affected by AIDS and affected by poverty and marginalization. By 2010, the country programme aims for the following results:

(a) Young children and their mothers and caregivers, including those who are HIV positive, access health, nutrition and early child development services that improve their survival, growth and development;

(b) Children aged 6-17, especially OVCs, access quality education, including life-skills training, in a safe environment;

(c) Social safety nets for children and families provide a protective environment that reduces the vulnerability of children to violence, exploitation, and abuse;

(d) Young people, as well as their caregivers, receive information, skills, and opportunities that reduce their own, their family's, and the larger community's risks and vulnerabilities to HIV infection, and that also mitigate the impact of AIDS.

21. The country programme will be based on several strategic approaches:

(a) UNICEF will be a convener of partners and consensus-builder on child rights and will support analytical and innovative thinking and sharing of experiences;

(b) UNICEF will support upstream initiatives, including studies, policy and legal development work, and sectoral capacity-building projects of national scope, while continuing to support community capacity development and service delivery in selected areas to demonstrate innovative approaches, results and scaling-up strategies;

(c) A human rights approach to programming will address gaps in the capacity of duty bearers to reach children who are poor or otherwise made vulnerable, especially those affected by AIDS. Holistic support packages will capacitate duty bearers to fulfil children's material, intellectual and spiritual needs;

(d) Communication for child rights will be anchored in an "appreciative inquiry" approach involving respect for the country's culture, traditions, and past achievements and will link traditional and religious norms with international norms;

(e) Communication and education initiatives will address fundamental roots of gender violence and exploitation and their role in the HIV/AIDS crisis. Achieving deep-rooted change will require special attention to improving the socialization, self-esteem and life-skills training of boys;

(f) Advocacy and programming will be designed to leverage large-scale additional resources of other stakeholders to address the crisis faced by Swazi children.

22. The limited regular resources funding available will be applied to advocacy and technical support as a base for leveraging additional national and international resources.

Relationship to national priorities and UNDAF

23. Swaziland has a national development strategy, and recently completed its Poverty Reduction Strategy and Action Plan. It is also a signatory to the Millennium Declaration and is committed to achievement of the Millennium Development Goals. Key national priorities have been distilled into the UNDAF framework in the form of five key outcome areas: (a) a strengthened and intensified multi-sectoral national response to HIV and AIDS; (b) reduction of poverty levels by 25 per cent, from the current 69 per cent to 52 per cent, through formulation and implementation of pro-poor policies, strategies and programmes; (c) improved food security for the Swazi population; (d) improved access to basic social services, especially for vulnerable and disadvantaged groups; and (e) enhanced and strengthened capacity of key national- and local-level institutions for improved governance.

24. While the country programme will contribute to all UNDAF outcome areas, UNICEF is the lead agency in the fourth outcome area and will focus on improving the access of marginalized and vulnerable populations to health and nutrition services, other early child development initiatives, basic education and water and sanitation.

Relationship to international priorities

25. The country programme incorporates all five areas of the draft medium-term strategic plan of UNICEF for 2006-2009, four as specific programme components, and children and AIDS mainstreamed as the central challenge. The programme supports the Millennium Declaration principles and the achievement of the Millennium Development Goals in the following ways: (a) reduction in HIV transmission to infants, along with other child survival initiatives, will reduce child mortality; and (b) UPE, life skills, and communication will contribute to education and gender goals, and reduce problems of abuse and exploitation of children. The programme strategy as a whole is to reverse the downward spiral of poverty, food

insecurity, malnutrition and AIDS, and to interrupt the intergenerational transmission of poverty.

Programme components

26. **Child survival and development.** This component will strengthen and scale up health and nutrition preventative interventions, including for children who are HIV positive, improve home and community care practices, and increase access to safe water and basic sanitation. The following are the expected key outcomes:

(a) High-impact health and nutrition preventive actions are scaled up nationally so that they are delivered by all health facilities. PMTCT "plus" services will reverse worsening trends of child and maternal mortality related to AIDS through improved access to and quality of antenatal care and nutrition, antiretrovirals (ARVs), prophylactic treatment of children who test HIV positive, ARVs for children and parents with AIDS, and the promotion of male circumcision services. Strengthened primary health care services and community care capacity at facilities and/or outreach and schools services will improve immunization and supplementation with Vitamin A and other micronutrients, regular deworming and treatment of schistosomiasis;

(b) Improved family and community care practices will improve child survival, growth and development outcomes. Caregivers will work together with health and community development workers to improve infant and young child feeding, reduce iodine deficiencies and anaemia, reduce child deaths and malnutrition through improved management of diarrhoea, reduce pneumonia deaths through appropriate referral and treatment, improve household hygiene practices, and provide early childhood stimulation and psychosocial support. Reaching children affected by AIDS will be emphasized, including through capacity-building of community-based organizations of people living with HIV;

(c) Access to an improved water source and basic sanitation will reduce morbidity and mortality among children and people living with HIV. Children will benefit from improved water supply, basic sanitation and household hygiene at rural schools and in community sites where OVC services are provided. The project aims annually to cover up to 20 primary schools and 30 community sites with simple technologies for safe water and sanitation, and community maintenance strategies. These demonstrations aim to strengthen support and leveraging of resources for a scaled-up focus on water and sanitation in the rural and peri-urban areas.

27. **Education and life skills.** UNICEF will support the Government in ensuring universal access to primary education in child-friendly schools, supplemented by both in-school and out-of-school life-skills education. Special attention will be paid to the needs of OVCs, especially those dependent on community- and neighbourhood-based care services. The following are the expected key outcomes:

(a) Increased enrolment and retention in quality primary education is achieved, including reduction in repetition rates by 30 per cent, and increased net enrolment rates to at least 90 per cent. The Ministry of Education will be supported to implement and monitor its UPE plan. To realize quality education, the cooperation will strengthen teachers' capacities in assessment and teaching methodologies, institute child-friendly school indicators for school and community

self-monitoring, and strengthen Ministry of Education capacities for monitoring quality and supervising schools;

(b) The numbers of community child protection personnel are increased and their capacities strengthened to provide quality non-formal education for out-of-school children. The cooperation will build capacities of communities in providing socialization services and basic literacy and relevant life-skills education to out-of-school children and to especially vulnerable schoolchildren after school hours. Innovative mentoring programmes and approaches for school-age children will provide psychosocial and livelihood support to supplement formal education;

(c) Primary school teachers and community child protectors will have increased capacity to ensure respect for, and the protection of, the rights of girls, and to advance gender equity through appropriate life-skills training and psychosocial support to both girls and boys. The cooperation will develop gender-based life-skills materials and resources, train teachers and community facilitators to work in activities during and after school, and strengthen the Ministry of Education's capacity to mainstream HIV and gender;

(d) Children attending primary school and those not in school will have increased capacity for and commitment to supporting each other in promoting gender equity and the rights of girls, in protecting each other (both boys and girls) from risks of abuse, and in supporting the development of younger siblings. Working through schools and clubs linked to community structures, the cooperation will support peer initiatives aimed at increasing and improving coping capacities of vulnerable groups in communities, fighting abuse, and inculcating a spirit of voluntarism and community support in young people.

28. **Safety nets for child protection.** This programme will strengthen government, civil society and community capacities to design, implement and monitor national safety-net programmes for ensuring the rights of orphaned and other vulnerable children. The following are the expected key outcomes:

(a) An enhanced national system for protecting children and women will support duty bearers at all levels to protect children and women from abuse, violence and exploitation. Policies and laws will be updated, enacted and enforced to strengthen the environment for the fulfilment of children's rights. Improved access to legal and administrative services and birth registration will empower disadvantaged children and women to access basic social services that reduce their vulnerabilities. Child protectors will be trained, supervised and supported, and interlinked with child welfare systems at decentralized and central levels;

(b) Innovative approaches will strengthen community coping capacities for the fulfilment of children's and women's rights. The Government will be assisted with national and decentralized coordination mechanisms for OVCs. Key results include expanding and strengthening decentralized community support structures such as the neighbourhood care points for vulnerable children, while improving their interlinkages with chiefdom and higher-level structures, and training and supporting the caregivers. Gender sensitization and HIV/AIDS communication will be mainstreamed into all community initiatives. Emergency resources will be sought where large shortfalls in community capacities create high risks to children's survival and development. Systems to motivate local caregivers to sustain their efforts will be tested in selected communities for scaling up. Food security and

livelihood skills for caregivers and children will be addressed through joint programming with WFP, FAO, and other partners in the Child Protection Network;

(c) Community decision-making and planning will be improved through data management, monitoring and evaluation systems. The cooperation will improve the capacity of communities to collect, use and disseminate data on OVCs in order to enable evidence-based programming and reporting at local levels. Local databases will feed into a national database for national planning, policy-making and resource mobilization.

29. **Advocacy and communication for child rights.** Advocacy and communication for child rights programming will empower communities, including children and women, with the comprehensive knowledge, skills, motivation and authority to the reduce risks and mitigate the impact of HIV infection. The following are the expected key outcomes:

(a) An improved environment is created where children and women enjoy their rights. Communication initiatives aimed at policy makers, politicians, professional communicators, and community leaders will improve their knowledge, commitment and capacity to contribute to a protective environment for children and women, and to prioritize children's issues in national budgets and human resources allocations, and in both national and community-level development programming;

(b) The Government adopts domestic laws and policies to fulfil its commitments made under international law. Support will be provided to the Attorney-General's office, Parliament and other partners to harmonize laws and policies with the Convention on the Rights of the Child;

(c) Children will engage in meaningful dialogue on issues affecting them at both community and national levels. Concepts of children's rights and correlative responsibilities (for both children and adults) will be communicated in cultural contexts and child-friendly forms. Children will be enabled to use drama, music, debates and the media to discuss, and advocate on, pertinent issues. Special attention will paid to ensuring that girls' voices are heard equally in children's assemblies, where young people will gain skills to articulate their ideas concerning child rights.

30. **Cross-sectoral costs.** Local inflation and currency revaluation have reduced the contribution of the dollar-denominated zero-growth support budget to cover cross-sectoral support costs such as contributions to rent, utility bills, vehicle maintenance, communications, and salary and related support expenses for cross-cutting staff. Given the high ratio of other resources to regular resources funding, the 2006-2010 programme will continue to apply a percentage of other resources funding to cover a share of such cross-sectoral support costs.

Major partnerships

31. Swaziland has a small and close-knit United Nations country team, with a common focus on responding to the nation's challenges of AIDS, poverty, food security, and governance. All agencies and their partners work within the "three ones" framework of UNAIDS through the United Nations Theme Group on HIV and AIDS, the HIV/AIDS Partnership Forum, and other linkages such as the Global Fund Country Coordination Mechanism. Consultation and cooperation will continue with donors involved in child-related programming, including the World Bank, the

European Union, the Department for International Development of the United Kingdom, Italian Cooperation, the United States Agency for International Development and the Peace Corps. UNICEF will cooperate with government and other national-level partners as well as partners at the decentralized levels, including NGOs, faith-based organizations and community structures working to develop innovative, effective, scaleable and sustainable interventions in the area of children and AIDS.

32. The United Nations agencies have identified good potential areas for joint programming. For UNICEF, these include working with WFP and FAO on OVC-related issues, including child protection, food security, school feeding and life-skills and livelihoods training; with the World Health Organization (WHO) and WFP on PMTCT "plus", including ARV therapy plus nutrition; with WHO on programming for young child survival; with the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA) and the International Labour Organization on violence, exploitation and abuse against women and children; with UNFPA and UNDP in establishing platforms and forums for children and youth participation and for addressing gender roots of the AIDS crisis; and with UNDP and WHO on capacity-building for delivery of basic services at both central and decentralized levels. UNDP and UNICEF will also work together on governance issues, including advocacy related to the Millennium Development Goals and budgeting priorities, operationalizing decentralization policies, advocacy and innovative approaches to pro-poor programming, and incorporating into domestic law and policies the commitments made under international conventions.

33. Overall planning and monitoring of the cooperation is coordinated by the Ministry of Economic Planning and Development. Government programme partners are the Ministry of Health and Social Welfare, the Ministry of Education and the Office of the Deputy Prime Minister. Additional partner ministries involved in project activities include Agriculture and Cooperatives, Justice, Home Affairs, Natural Resources, Public Service and Information, and the Office of the Prime Minister (Police Service). A close relationship will continue with NERCHA, the national agency that coordinates the HIV/AIDS response and is the principal Global Fund recipient.

34. Through the Child Protection Network, a wide range of partners will come together on a quarterly basis under the Government's coordination unit for children. The University of Swaziland, the National Nutrition Council, and the non-formal education organization Sebenta are also partners on key issues relating to vulnerable children. Life-skills education and communication work will also benefit from partnerships with artists and intellectuals and sports and culture institutions.

Monitoring, evaluation and programme management

35. The UNDAF results matrix and its monitoring and evaluation plan provide the overall joint monitoring and evaluation framework. The country programme action plan will include an integrated monitoring and evaluation plan, drawing on the UNDAF and country programme summary results matrices. Results measurements will use human rights-based process indicators and indicators at impact, outcome, and output levels. Surveys, studies, evaluations, reviews and ongoing monitoring mechanisms will exploit synergies with partners' work. Monitoring will take place through regular field visits and activity reports. Programme components relevant to

monitoring and evaluation include the strengthening of community-based systems for data collection, analysis, and use in planning, and the linking of community activities with reporting systems for national monitoring and evaluation. Support to the Government will involve incorporating data on programmes and progress on the Millennium Development Goals into the DevInfo database and mapping system.

36. Annual work plans for each project will be prepared jointly between relevant ministries, other partners and UNICEF, and will be jointly monitored. Joint Annual Reviews will be led by the Ministry of Economic Planning and Development, with participation of other government ministries and national institutions, United Nations partners, NGOs, and community-based organizations, including faith-based organizations. A mid-term review in 2008 will contribute to the CCA/UNDAF and country programme preparation processes that follow in 2009-2010. An end-of-cycle review in 2010 will enhance lessons learned for subsequent cooperation.

37. Management responsibilities have been outlined in the country programme management plan, whose details will be updated annually in the office annual management plan (AMP) to stipulate management priorities and key resources. AMP preparation will be coordinated by the country management team. Monitoring will take place on a quarterly basis, with reports made in programme coordination meetings and through the team. Agreed key management performance indicators will cover areas of programme management, supply and human resources.